AAA

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8.	AGGREGATE	TOTAL OF	ALL I	N-STATE	<b>EVENTS</b>
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State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to	by a witness)
I certify that the information contained in this Report is true and that it pest of my knowledge, information and belief.	is a complete and accurate report to the
14m W. Blue	6/14/07
Signature of Person Completing Report Print Name of Person: Kerie W. Bakevell	Date
I, the undersigned, acknowledge that I have reviewed the foregoing accurage to the best of my knowledge, information and belief.	Report and certify that is complete and
fee V. Phis	6/14/07
Signature of CEO, CFO or Authorized Representative.  Print Name of Person: KUID W. Da.Kewell	Date
I. Ahonda Mendoza the undersigned, do hereby witness the (Printed Name of Witness) CFO or Authorized Representative, w	e above signature of the CEC, nich was signed in my presence.
Rhinea mendoza	6-14-2007
Signature of Witness	Date







## 6/14/07 Date: Transmission To: Kelsy Austin FAX No: 615-253-8704 Transmission From: Kwin Bakewell Please deliver this material as quickly as possible. If the transmission was not properly received, please call 889-5057 Number of pages including this cover sheet: Our FAX number is: 813-289-1340 Comments: Kelsy, attached is corrected fage 3, per your fax.

